

# Claims Clues

A Publication of the AHCCCS Claims Department

July, 2004

## AHCCCS to Initiate TPL Verification Project

In an effort to improve its cost avoidance opportunities, AHCCCS has contracted with Public Consulting Group, Inc. (PCG), a national consulting firm, to update and maintain its commercial insurance coverage third party liability (TPL) file.

PCG will ensure that only valid TPL information will be added and maintained in the file. In addition to verification of referrals from the various eligibility sources and from AHCCCS' contractors, PCG will perform quarterly data matches with the AHCCCS recipient eligibility file and files of insurance carriers with whom they have

trading partner agreements. PCG will also ensure that the entire file has been reverified at least every six months.

PCG will conduct verification of AHCCCS member health insurance coverage under a 12-month pilot program that starts October 1, 2004. During the pilot, AHCCCS will be evaluating the cost effectiveness and level of user satisfaction of the verified data, and if found cost beneficial, AHCCCS will seek permanent funding to continue the program.

Claims submitted for members with commercial insurance coverage indicated in the TPL file

must be reported with the third party payment amount. Providers billing on a CMS 1500 form are required to report the third party payment amount in Field 24K. Providers billing on a UB-92 form are required to report the third party's name and payment amount in Fields 50A and 54A or 50B and 54B.

Please see the AHCCCS Fee-For-Service Provider Manual and the AHCCCS Billing Manual for IHS/Tribal Providers for further information on billing claims with TPL. Both manuals are available on the AHCCCS Web site at [www.ahcccs.state.az.us](http://www.ahcccs.state.az.us). □

## Selecting Electronic Payments Is Easy, Convenient

AHCCCS has made it easy for providers to begin receiving electronic fee-for-service reimbursement.

The electronic payment option processes payments using the Automated Clearing House (ACH) rather than issuing checks to providers. The ACH payment method enables providers to receive reimbursement more quickly.

The Arizona Clearing House Association (ACHA) processes electronic payments directly to the provider's bank account through Bank of America, which functions as the state servicing bank. BofA will make the electronic payment available to a provider's account one business day after the date AHCCCS transmits the ACH payments file to BofA.

The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit delays
- Elimination of lost, stolen, or misplaced checks

To begin receiving ACH payments, a provider must complete Sections 2 and 3 of the ACH Vendor Authorization form.

The form is available on the AHCCCS Web site at [www.ahcccs.state.az.us](http://www.ahcccs.state.az.us). Click on Links for Plans and Providers. On the Quick Links for Health Plans & Providers page, click on Forms, then scroll down to the ACH Vendor Authorization Form.

The provider's financial

institution must complete Section 4 of the form. Submit the form to:

AHCCCS Finance Department  
Mail Drop 5400  
P. O. Box 25399  
Phoenix, AZ 85002

AHCCCS Finance staff will complete Section 1 of the form to initiate the electronic payment process.

AHCCCS will process its normal weekly fee-for-service payment cycle and transmit the ACH payment data to BofA, which will transmit the information to ACHA.

On the settlement date of the electronic payment, the provider's financial institution will credit the provider's individual account.

Providers who have questions should call (602) 417-4052 or (602) 417-4543. □

# AHCCCS Updates Selected DME Rates

The AHCCCS Administration has adopted the following DME rates effective for fee-for-service claims

for dates of service on and after July 1, 2004.  
Providers who have questions concerning the AHCCCS physician

fee schedule should call Victoria Burns at (602) 417-4049. Providers outside of Maricopa County should call 1-800-654-8713, Ext. 74049. □

Procedure	Modifier	Description	Rate
A4216		STERILE WATER/SALINE, 10 ML	\$0.44
A4217		STERILE WATER/SALINE, 500 ML	\$3.13
E0720	RR	TENS, TWO LEAD, LOCALIZED STIMULATION	\$0.90
E0730	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE	\$0.91
K0010		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	\$4,259.90
K0010	RR	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	\$11.66
K0011		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	\$4,915.80
K0011	RR	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	\$13.46
K0012		LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	\$3,015.50
K0012	RR	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	\$8.26
K0630		SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL	\$27.08
K0632		SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT	\$57.23
K0634		LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT	\$55.58
K0635		LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR	\$66.09
K0636		LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR	\$355.52
K0637		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL	\$62.60
K0639		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID PO	\$137.60
K0640		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL	\$696.67
K0642		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL	\$217.86
K0646		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL	\$419.89
K0647		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL	\$1,036.35
K0648		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL	\$630.01
K0649		LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID	\$822.21
L5782		ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP	\$3,320.90
L8511		INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS	\$57.26
L8512		GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEO	\$1.70
L8513		CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE	\$4.08
L8514		TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY	\$74.24

## DOC AHCCCS-Eligible Offender Claims Must Be Completed Correctly

AHCCCS is currently processing Arizona Department of Corrections AHCCCS-eligible offender inpatient claims and related non-facility services using AHCCCS reimbursement methodologies, if the facility is not contracted with Department of Corrections.

When billing facility services, the UB-92 claim form must be

completed correctly using valid revenue, procedure, and diagnosis codes. The facility's six-digit AHCCCS provider ID number (Field 51), the recipient's name (Field 58) and the recipient's AHCCCS ID number (field 60) **must be included** on the claim form for proper identification and adjudication.

When billing related non-facility

services, the CMS 1500 claim form must be completed correctly using valid CPT, HCPCS, and diagnosis codes. The provider's six digit AHCCCS provider ID number and two-digit locator code (Field 33), the recipient's name (Field 2), and the recipient's AHCCCS ID number (Field 1a) **must be included** on the claim for proper identification and adjudication. □